JB DOGM M/045/	024	4/20/01		
SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY		
 Complete items 1, 2, and 3. Also complitem 4 if Restricted Delivery is desired. Print your name and address on the reviso that we can return the card to you. Attach this card to the back of the mails or on the front if space permits. 	verse	A. Received by (Pleas C. Signature X. A. A. C. C. Signature	Cums	B. Date of Delivery Agent Addressee
1. Article Addressed to: JIM KELLEY CHEMICAL LIME CO 3700 HULEN ST		D. Is delivery address If YES, enter delive		-37
PO BOX 985004 FORT WORTH TX 76034		3. Service Type	☐ C.O.D.	ipt for Merchandise
4. Restricted Delivery? (Extra Fee) ☐ Yes 2. Article Number (Copy from service label) 7000 0520 0021 7582 9026				
PS Form 3811, July 1999 Domestic Return Receipt				102595-99-M-1789

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Sender: Please print your name, address, and ZIP+4 in this box